



Employer Reporting Guide

Updated August, 2012

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Standard Report Types

We offer a number of reports for employers to manage the accounting of their plans administered by PayFlex. Following is an overview of these reports as well as examples of these reports.


Scheduled Reports

These reports run on a regularly scheduled basis. You set the schedule.

Once these are set up, we will create and deliver the reports to the designated contact (see page 5 for details). Usually, we deliver them by e-mail. However, we may be able to deliver by fax or through the Website.

Here is a list of the available reports.

- **Ledger Summary Report** – For each participant, provides year to date deposits; amounts paid out; current cash balance; and the annual election. This is a monthly report.

 **Please review this report for discrepancies. If you find any please notify us immediately. You should give special attention to the “Status” column, which identifies termed employees. In addition, review the “YTD Deposits” column, as this should agree with payroll deductions. You are responsible for reporting and reconciling any discrepancies.**

- **Debit Card Transaction Register Report** – For each participant, shows all debit card activity on each participant’s debit card for a specified period. You set the frequency.
- **Employer Funding Summary Report** – Shows a summary of the funding requests for a specified period. You set the frequency.
- **Employer Funding Detail Report** – For each participant, shows funding requests for a specified period. You set the frequency.
- **Production Deposit Register Report** – Shows the deposits posted to participant accounts for a specified period. You set the frequency.

Automated Reports

We send these reports as claims and debit card settlement occur. We send the HSA Deposit Register report daily as we post funds every day.

- **Production Payment Register Report** – Shows the payments made to participants for paper or web claims.
- **Settlement Payment Register Report** – Shows the settlement activity on participants’ card accounts.
- **HSA Deposit Register Report** – Shows the deposits made to each employee’s HSA.

On Demand Reports

You can request reports through the Employer Portal. Once logged into the portal click on the “On Demand Reports” link on the left side of the web page. You can request most of these reports in PDF, CSV or both.

The following reports are available via On Demand.

- Election Report
- Ledger Summary Report
- Employer Funding Summary Report
- Employer Funding Detail Report

When you request an “On Demand Report”, you will receive an e-mail stating the report is available for download. This e-mail will go to the requester’s email address (the email address used to log in to the Employer Portal). Once available, you can get to the report by clicking the “Plan Reporting Archive” link on the left side of the web page.

Sample Email Notification:

From: reporting@payflex.com

Subject: Requested PayFlex Report is Available

The report you have requested (Ledger Summary) is available to download on the Employer Portal.

To retrieve your report:

1. Go to our Employer Portal at PayFlexDirect.com/employer
2. Log in and go to the Plan Reporting Archive

Thank you,
PayFlex Systems USA, Inc.

Reports Distribution

Reports by Role

You have assigned roles to members of your organization. These roles determine who can get which report. The following is a list of the scheduled and automated reports by Roles. These roles defined in the Employer Contacts on the New Client Checklist.

Role	Report Distribution
Billing	<ul style="list-style-type: none">▪ Combined Invoice Reports for Distribution▪ Invoice Roster Report
Funding	<ul style="list-style-type: none">▪ Funding Notification Report▪ Production Payment Register Report▪ Settlement Payment Register Report▪ HSA Deposit Register Report (if applicable)▪ Employer Funding Summary Report (if requested)▪ Employer Funding Detail Report (if requested)▪ Debit Card Transaction Register Report
Eligibility	<ul style="list-style-type: none">▪ Election Report*▪ Payroll Schedule Report*
Reporting	<ul style="list-style-type: none">▪ Ledger Summary Report▪ Debit Card Transaction Report

* Not a scheduled report

Scheduled Report Samples

Ledger Summary Report

This report displays employee account balances. You can have these separated by division if needed. It summarizes by reporting period, year to date (YTD), and account type. For each of your employees in the FSA plan, it shows deposits, payments and balances.

Format: CSV and PDF

Note: For larger clients with multiple divisions, you will have to download the CSV format from the "Plan Reporting Archive" link on the Employer Portal.

Sample report (PDF Format)



Ledger Summary Report

EMPLOYER: XXXXX - <Company Name>
PLAN YEAR: 01/01/07
REPORT CREATED: 11/01/07
REPORTING PERIOD: 01/01/07- 10/31/07

MEMBER NUMBER	EMPLOYEE	ACCOUNT TYPE	STATUS	DATE	DEPOSITS (PERIOD)	PAYMENTS (PERIOD)	CHANGE IN CASH BALANCE	DEPOSITS (YTD)	PAYMENTS (YTD)	CASH BALANCE	ANNUAL ELECTION	REMAINING ELECTION
XXX-XX-XXXX	LAST NAME, FIRST	Healthcare (FSA)			\$400.00	\$116.02	\$283.98	\$400.00	\$116.02	\$283.98	\$480.00	\$363.98
XXX-XX-XXXX	LAST NAME, FIRST	Healthcare (FSA)			\$700.00	\$544.00	\$156.00	\$700.00	\$544.00	\$156.00	\$840.00	\$296.00
XXX-XX-XXXX	LAST NAME, FIRST	Healthcare (FSA)			\$1600.00	\$1642.68	(\$42.68)	\$1600.00	\$1642.68	(\$42.68)	\$1920.00	\$277.32
XXX-XX-XXXX	LAST NAME, FIRST	Healthcare (FSA)			\$1500.00	\$0.00	\$1500.00	\$1500.00	\$0.00	\$1500.00	\$1800.00	\$1800.00

(PAGE 1)

PLAN YEAR 01/01/07 SUMMARY

PLAN	TOTAL PARTICIPANTS	TOTAL DEPOSITS (PERIOD)	TOTAL PAYMENTS PERIOD	TOTAL CHANGE IN CASH BALANCES	TOTAL DEPOSITS (YTD)	TOTAL PAYMENTS (PERIOD)	TOTAL CASH BALANCES	TOTAL ANNUAL ELECTIONS	TOTAL REMAINING ELECTIONS
Healthcare (FSA)	4	\$4200.00	\$2302.70	\$1897.30	\$4200.00	\$2302.70	\$1897.30	\$5040.00	\$2737.30
PLAN YEAR TOTALS:	4	\$4200.00	\$2302.70	\$1897.30	\$4200.00	\$2302.70	\$20.00	\$100.00	\$100.00

Fields

Member Number	Employee	Account Type	Status	Status Date	Deposits (Period)	Payments (Period)	Change in Cash Balance	Deposits (YTD)	Payments (YTD)	*Cash Balance	Annual Election	Remaining Election
Internal code for the employee or SSN	Participant last and first name	Account in which activity occurred	Participant Status if terminated, COBRA or LOA	Effective date of participant status	Deposits total for reporting period	Participant payments for reporting period	Change in account balance for reporting period	Year to date deposits amount	Year to date payments	Year to date deposits minus payments	Total annual election amount for the plan year	Total annual election minus YTD payments

* You can use the **Cash Balance** field to determine account forfeitures at the end of the plan year run out.

Debit Card Transaction Register Report

This report shows the debit card transactions and settlement activity for a specified period. The items will display in date order by effective date of the transaction.

Format: CSV

Effective	Settled	Authorized	Member Number	Last Name	First Name	Amount	Account Type	Merchant
3/29/2007	4/1/2007	3/29/2007	XXXXX8500	BRANNIG	TERRY	\$50.00	Healthcare (FSA)	CVS PHARMACY #123456
3/30/2007	4/1/2007	3/30/2007	XXXXX8503	CHERON	TOM	\$10.00	Healthcare (FSA)	WALGREEN #456789
3/30/2007	4/1/2007	3/30/2007	XXXXX8585	FLEMING	MARTHA	\$55.29	Healthcare (FSA)	WALGREEN #987321
3/30/2007	4/1/2007	3/30/2007	XXXXX8599	MONROE	CHARLES	\$9.00	Healthcare (FSA)	WALGREEN #123456
3/30/2007	4/3/2007	3/30/2007	XXXXX8588	SHERLING	JENNIFER	\$5.76	Healthcare (FSA)	WAL MART #123456
3/30/2007	4/1/2007	3/30/2007	XXXXX8550	VOGT	GRACE	\$7.37	Healthcare (FSA)	WAL MART #7778899
3/30/2007	4/1/2007	3/30/2007	XXXXX8586	WAGONER	HOWARD	\$20.00	Healthcare (FSA)	WAL MART #123456
4/26/2007	4/28/2007	4/26/2007	XXXXX8598	BRANNIG	TERRY	\$50.00	Healthcare (FSA)	WALGREEN #123456
4/26/2007	4/30/2007	4/26/2007	XXXXX8522	CHERON	TOM	\$53.00	Healthcare (FSA)	TOTAL DENTAL CENTRE
4/26/2007	4/28/2007	4/26/2007	XXXXX8542	FLEMING	MARTHA	\$7.75	Healthcare (FSA)	TOTAL DENTAL CENTRE
4/26/2007	4/28/2007	4/26/2007	XXXXX8599	MONROE	CHARLES	\$10.00	Healthcare (FSA)	PRESTONS FOOD&DRUG
4/26/2007	4/28/2007	4/26/2007	XXXXX8503	SHERLING	JENNIFER	\$5.00	Healthcare (FSA)	PRESTONS FOOD&DRUG

Fields

Effective	Settled	Authorized	Member Number	Last Name	First Name	Amount	Account Type	Merchant
Date of card swipe	Date of settlement	Date of merchant authorization	Internal code for the employee or SSN	Participant last name	Participant first name	Dollar amt. of transaction	Account in which activity occurred	Merchant and store number (if applicable)

Employer Funding Summary Report

This report summarizes the total employee account transactions by date, account type and funding type.

Format: CSV

Date Created	Reporting Period	Employer ID	Funding Date	Funding Type	Plan Year	Account Type	Amount
10/7/2008	[09/01/08-09/07/08]	10002	9/4/2008	Settlement	1/1/2008	Healthcare (FSA)	\$513.24
10/7/2008	[09/01/08-09/07/08]	10002	9/5/2008	Settlement	1/1/2008	Healthcare (FSA)	\$21.63
10/7/2008	[09/01/08-09/07/08]	10002	9/1/2008	Settlement	1/1/2008	Healthcare (FSA)	\$78.54
10/7/2008	[09/01/08-09/07/08]	10002	9/4/2008	Production	1/1/2008	Healthcare (FSA)	\$100.00
10/7/2008	[09/01/08-09/07/08]	10002	9/2/2008	Settlement	1/1/2008	Healthcare (FSA)	\$84.30
10/7/2008	[09/01/08-09/07/08]	10002	9/6/2008	Settlement	1/1/2008	Healthcare (FSA)	\$267.39
10/7/2008	[09/01/08-09/07/08]	10002	9/4/2008	Production	1/1/2008	Dependent Care	\$335.63

Fields

Date Created	Reporting Period	Employer ID	Funding Date	Funding Type	Plan Year	Account Type	Amount
Date of the report	Date range covered in report	Internal number to identify employer	Date of funding request	"Settlement" - Debit card transactions or "Production" - paper claims	Plan year in which the activity occurred	Account in which activity occurred	Amount of the transaction

Employer Funding Detail Report

This is a detailed report of all the employee account transactions for a specified period.

Format: CSV

Date Created	Reporting Period	Employer ID	Division	Funding Date	Funding Type	Member Number	Last Name	First Name	Plan Year	Account Type	Transaction Type	Amount
10/7/2008	[09/01/08-09/08/08]	10002	100	9/1/2008	Settlement	XXX-XX-XXXX	LAST	FIRST	1/1/2008	Healthcare (FSA)	Employee Account Payment	\$25.00
10/7/2008	[09/01/08-09/08/08]	10002	700	9/1/2008	Settlement	XXX-XX-XXXX	LAST	FIRST	1/1/2008	Healthcare (FSA)	Employee Account Payment	\$8.54
10/7/2008	[09/01/08-09/08/08]	10002	900	9/1/2008	Settlement	XXX-XX-XXXX	LAST	FIRST	1/1/2008	Healthcare (FSA)	Employee Account Payment	\$45.00
10/7/2008	[09/01/08-09/08/08]	10002	100	9/2/2008	Settlement	XXX-XX-XXXX	LAST	FIRST	1/1/2008	Healthcare (FSA)	Employee Account Payment	\$15.00
10/7/2008	[09/01/08-09/08/08]	10002	100	9/2/2008	Settlement	XXX-XX-XXXX	LAST	FIRST	1/1/2008	Healthcare (FSA)	Employee Account Payment	\$50.95
10/7/2008	[09/01/08-09/08/08]	10002	700	9/2/2008	Settlement	XXX-XX-XXXX	LAST	FIRST	1/1/2008	Healthcare (FSA)	Employee Account Payment	\$18.35
10/7/2008	[09/01/08-09/08/08]	10002	100	9/4/2008	Production	XXX-XX-XXXX	LAST	FIRST	1/1/2008	Dependent Care	Employee Account Payment	\$38.46
10/7/2008	[09/01/08-09/08/08]	10002	100	9/4/2008	Production	XXX-XX-XXXX	LAST	FIRST	1/1/2008	Healthcare (FSA)	Employee Account Payment	\$25.00
10/7/2008	[09/01/08-09/08/08]	10002	100	9/4/2008	Production	XXX-XX-XXXX	LAST	FIRST	1/1/2008	Healthcare (FSA)	Employee Account Payment	\$75.00

Fields

Date Created	Reporting Period	Employer ID	Division	Funding Date	Funding Type	Member Number	Last Name	First Name	Plan Year	Account Type	Transaction Type	Amount
Date of the report	Date range covered in report	Internal number to identify employer	Participant division or location if provided by employer	Date funding requested from employer	"Settlement"- Debit card transactions or "Production" - paper claims	Internal code for the employee or SSN	Participant last name	Participant first name	Plan year in which the activity occurred	Account in which activity occurred	This will always be Employee account Payment	Amount of the transaction

Deposit Summary Report

This report shows the deposit history for all employees in the plan, during the specified period.

Format: CSV

Created	Reporting Period	Employer ID	Employer	Division Code	Member Number	Last Name	First Name	MI	Plan Year	Account Type	Type	Date	Amount
11/2/2007	[01/01/07-10/31/07]	XXXXX	Company Name		XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	1/1/07	Healthcare (FSA)	Payroll Deduction	10/31/07	\$20.00
11/2/2007	[01/01/07-10/31/07]	XXXXX	Company Name		XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	1/1/07	Healthcare (FSA)	Payroll Deduction	1/31/07	\$20.00
11/2/2007	[01/01/07-10/31/07]	XXXXX	Company Name		XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	1/1/07	Healthcare (FSA)	Payroll Deduction	2/15/07	\$20.00
11/2/2007	[01/01/07-10/31/07]	XXXXX	Company Name		XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	1/1/07	Healthcare (FSA)	Payroll Deduction	2/28/07	\$20.00
11/2/2007	[01/01/07-10/31/07]	XXXXX	Company Name		XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	1/1/07	Healthcare (FSA)	Payroll Deduction	3/7/07	\$20.00

Fields

Date Created	Reporting Period	Employer ID	Employer	Division	Member Number	Last Name	First Name	MI	Plan Year	Account Type	Type	Date	Amount
Date of the report	Date range covered in report	Internal number to identify employer	Employer Name	Participant division or location if provided by employer	Internal code for the employee or SSN	Participant last name	Participant first name	Participant Middle Initial	Plan year in which the activity occurred	Account in which activity occurred	Either Payroll Deduction or Employer Contribution	Deposit effective date	Amount of the transaction

Automated Report Samples

Production Payment Register Report

This report shows a detailed listing of all claims that PayFlex has processed and paid. This report provides the detail for the amount that we will ask you to fund for a specified period. This includes claims submitted by fax, mail and web (Express Claims).

Format: CSV and PDF

Sample report (CSV Format)

Plan Year	Account Type	Division	Transaction Type	SSN	Last Name	First Name	Mi	Pmt #	Pmt Date	Pmt Amt
1/1/2007	Dependent Care	Employee	XXX-XX-XXXX	BRANNIG	TERRY			8793019	7/26/2007	\$192.30
1/1/2007	Dependent Care	Employee	XXX-XX-XXXX	CHERON	TOM			8793025	7/26/2007	\$24.50
1/1/2007	Dependent Care	Employee	XXX-XX-XXXX	FLEMING	MARTHA	M		8793033	7/26/2007	\$162.40
1/1/2007	Dependent Care	Employee	XXX-XX-XXXX	MONROE	CHARLES			8793037	7/26/2007	\$192.30
1/1/2007	Dependent Care	Employee	XXX-XX-XXXX	SHERLING	JENNIFER			8793035	7/26/2007	\$85.00
1/1/2007	Dependent Care	Employee	XXX-XX-XXXX	VOGT	GRACE			8793031	7/26/2007	\$192.30
1/1/2007	Dependent Care	Employee	XXX-XX-XXXX	WAGONER	HOWARD			8793017	7/26/2007	\$192.30
1/1/2007	Dependent Care	Employee	XXX-XX-XXXX	BRANNIG	TERRY			8793021	7/26/2007	\$192.30
1/1/2007	Dependent Care	Employee	XXX-XX-XXXX	CHERON	TOM			8793015	7/26/2007	\$76.92
1/1/2007	Dependent Care	Employee	XXX-XX-XXXX	FLEMING	MARTHA			8793023	7/26/2007	\$192.30
1/1/2007	Dependent Care	Employee	XXX-XX-XXXX	MONROE	CHARLES			1.7E+07	7/26/2007	\$75.00
1/1/2007	Dependent Care	Employee	XXX-XX-XXXX	SHERLING	JENNIFER			8793027	7/26/2007	\$192.00
1/1/2007	Healthcare (FSA)	Employee	XXX-XX-XXXX	VOGT	GRACE			8793039	7/26/2007	\$100.00
1/1/2007	Healthcare (FSA)	Employee	XXX-XX-XXXX	WAGONER	HOWARD			8793027	7/26/2007	\$418.36

Fields

Plan year	Account Type	Division	Transaction Type	SSN	Last Name	First Name	Mi	Pmt #	Pmt Date	Pmt Amt
Plan year in which the activity occurred	Account in which activity occurred	Participant division or location if provided by employer	Employee account payment or adjustment	Internal code for the employee or SSN	Participant last name	Participant first name	Participant middle initial	Internal code for payment	Date of payment	Payment amount

Production Payment Register Report

Sample report (PDF Format)

11/02/2007

<Company Name> Production Payment Register Report

Plan Year: 01/01/06	MEMBER #	LAST NAME	FIRST NAME	MI	PMT #	PMT DATE	PMT AMT	TOTALS
Dependent Care								
Employee Account Payment								
	XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	2082236	01/12/07	\$223.92	
	XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	2082228	01/12/07	\$90.00	
							EAP Total:	\$313.92
Healthcare (FSA)							Dependent Care Total:	\$313.92
Employee Account Payment								
	XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	2082234	01/12/07	\$143.80	
	XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	16799701	01/12/07	\$128.39	
	XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	16799700	01/12/07	\$210.07	
							EAP Total:	\$481.86
							Healthcare (FSA) Total:	\$481.86
							Plan Year Total:	\$795.78
Plan Year: 01/01/07								
Healthcare (FSA)								
Employee Account Payment								
	XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	16888733	3/15/2007	\$116.02	
	XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	16828268	2/7/2007	\$126.00	
	XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	16836903	2/13/2007	\$84.00	
	XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	16856836	2/23/2007	\$214.00	
	XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	16856836	4/25/2007	\$90.00	
	XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	16888732	3/15/2007	\$30.00	
							EAP Total:	\$660.02
							Healthcare (FSA) Total:	\$660.02
							Plan Year Total:	\$660.02
NET AMOUNT FOR <Company Name>:								\$1455.80

EMPLOYER SUMMARY

Plan Year: 01/01/06	Checks	Direct Deps	Payments	VOIDS	Adjustments	Net Amount
Dependent Care	\$0.00	313.92	313.92	0.00	0.00	313.92
Healthcare (FSA)	\$338.46	143.40	481.86	0.00	0.00	481.86
	338.46	457.32	795.78	0.00	0.00	795.78
Plan Year: 01/01/07						
Healthcare (FSA)	501.62	158.40	660.02	0.00	0.00	660.02
	501.62	158.40	660.02	0.00	0.00	660.02
Plan Year: ALL						
Dependent Care	\$0.00	313.92	313.92	0.00	0.00	313.92
Healthcare (FSA)	840.08	301.80	1141.88	0.00	0.00	1141.88
	840.08	615.72	1455.80	0.00	0.00	1455.80

Settlement Payment Register Report

This report shows the debit card settlement activity by employee. It provides the detail for the amount that we will ask you to fund for a specified period.

Format: CSV and PDF

Sample report (CSV Format)

Plan Year	Account T	Division	Transactio	SSN	Last Name	First Name	Mi	Pmt #	Pmt Date	Pmt Amt
1/1/2007	Healthcare (FSA)	Employee	XXX-XX-XXXX	BRANNIG	TERRY			7624150	7/2/2007	\$13.80
1/1/2007	Healthcare (FSA)	Employee	XXX-XX-XXXX	CHERON	TOM			7689332	7/6/2007	\$439.92
1/1/2007	Healthcare (FSA)	Employee	XXX-XX-XXXX	FLEMING	MARTHA			7648434	7/3/2007	\$12.14
1/1/2007	Healthcare (FSA)	Employee	XXX-XX-XXXX	MONROE	CHARLES			7674952	7/5/2007	\$140.00
1/1/2007	Healthcare (FSA)	Employee	XXX-XX-XXXX	SHERLING	JENNIFER			7675256	7/5/2007	\$977.37
1/1/2007	Healthcare (FSA)	Employee	XXX-XX-XXXX	VOGT	GRACE	A		8136718	7/9/2007	\$67.42
1/1/2007	Healthcare (FSA)	Employee	XXX-XX-XXXX	WAGONER	HOWARD			7622764	7/2/2007	\$28.00
1/1/2007	Healthcare (FSA)	Employee	XXX-XX-XXXX	BRANNIG	TERRY			7696886	7/7/2007	\$28.00
1/1/2007	Healthcare (FSA)	Employee	XXX-XX-XXXX	CHERON	TOM			7675798	7/5/2007	\$28.00
1/1/2007	Healthcare (FSA)	Employee	XXX-XX-XXXX	FLEMING	MARTHA			7689636	7/6/2007	\$10.00
1/1/2007	Healthcare (FSA)	Employee	XXX-XX-XXXX	MONROE	CHARLES			7618372	7/2/2007	\$25.00
1/1/2007	Healthcare (FSA)	Employee	XXX-XX-XXXX	SHERLING	JENNIFER			7666516	7/5/2007	\$297.62
1/1/2007	Healthcare (FSA)	Employee	XXX-XX-XXXX	VOGT	GRACE			8116992	7/8/2007	\$34.34
1/1/2007	Healthcare (FSA)	Employee	XXX-XX-XXXX	WAGONER	HOWARD	M		7665266	7/5/2007	\$75.00

Fields

Plan Year	Account Type	Division	Transaction	SSN	Last Name	First Name	Mi	Pmt #	Pmt Date	Pmt Amt
Plan year in which the activity occurred	Account in which activity occurred	Participant division or location if provided by employer	Employee Account Payment	Internal code for the employee or SSN	Participant last name	Participant first name	Participant middle initial	Internal code for payment	Date of card swipe	Payment amount

Settlement Payment Register Report

This is the same report on the previous page in PDF format.

Sample report (PDF Format)



10/25/2007

<Company Name> Settlement Payment Register Report

Plan Year: 01/01/07	<u>MEMBER #</u>	<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>MI</u>	<u>PMT #</u>	<u>PMT DATE</u>	<u>PMT AMT</u>	<u>TOTALS</u>
Healthcare (FSA)								
Employee Account Payment								
	XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	13919196	10/25/07	\$3.67	
	XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	13919186	10/25/07	\$5.00	
	XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	13919188	10/25/07	\$10.00	
	XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	13919190	10/25/07	\$74.84	
	XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	13919192	10/25/07	\$57.86	
	XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	13919194	10/25/07	\$40.00	
							EAP Total:	\$191.37
							Healthcare (FSA) Total:	\$191.37
							Plan Year Total:	\$191.37
NET AMOUNT for <Company Name>:								\$191.37

HSA Deposit Register Report

This report shows the HSA deposits, by employee, for the specified time period.

Format: CSV and PDF

Sample report (CSV Format)

Plan Year	Account Type	Division	Transaction Type	SSN	Last Name	First Name	Mi	Dep Date	Dep Amt
1/1/2008	Health Savings Account	<Name of Division>	Employee Account Deposit	XXX-XX-XXXX	LAST	FIRST	M	9/30/2008	\$60.00
1/1/2008	Health Savings Account	<Name of Division>	Employee Account Deposit	XXX-XX-XXXX	LAST	FIRST	M	9/30/2008	\$110.00
1/1/2008	Health Savings Account	<Name of Division>	Employee Account Deposit	XXX-XX-XXXX	LAST	FIRST	M	10/3/2008	\$9.23
1/1/2008	Health Savings Account	<Name of Division>	Employee Account Deposit	XXX-XX-XXXX	LAST	FIRST	M	10/3/2008	\$9.23
1/1/2008	Health Savings Account	<Name of Division>	Employee Account Deposit	XXX-XX-XXXX	LAST	FIRST	M	10/3/2008	\$9.83
1/1/2008	Health Savings Account	<Name of Division>	Employee Account Deposit	XXX-XX-XXXX	LAST	FIRST	M	9/30/2008	\$146.36
1/1/2008	Health Savings Account	<Name of Division>	Employee Account Deposit	XXX-XX-XXXX	LAST	FIRST	M	9/30/2008	\$51.66
1/1/2008	Health Savings Account	<Name of Division>	Employee Account Deposit	XXX-XX-XXXX	LAST	FIRST	M	9/30/2008	\$72.50

Fields

Plan year	Account Type	Division	Transaction Type	SSN	Last Name	First Name	MI	Dep Date	Dep Amt
Plan year in which the activity occurred	Account in which activity occurred	Participant division or location if provided by employer	Employee account deposit or adjustment	Internal code for the employee or SSN	Participant last name	Participant first name	Participant middle initial	Deposit effective date	Amount of deposit

Sample report (PDF Format)

<Company Name> HSA Deposit Register Report

Plan Year: 01/01/08	<u>MEMBER #</u>	<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>MI</u>	<u>DEP DATE</u>	<u>DEP AMT</u>	<u>TOTALS</u>
Health Savings Account							
Employee Account Deposit							
	XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	9/30/2008	\$76.93	
	XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	9/30/2008	\$145.46	
	XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	9/30/2008	\$192.31	
	XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	9/30/2008	\$115.39	
	XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	9/30/2008	\$192.31	
	XXX-XX-XXXX	LAST NAME	FIRST NAME	MI	9/30/2008	\$69.24	
						EAD Total:	791.64
						Health Savings Account Total:	791.64
						Plan Year Total:	791.64

EMPLOYER SUMMARY

Plan Year: 01/01/08	<u>Deductions</u>	<u>Contributions</u>	<u>Deposits</u>	<u>Adjustments</u>	<u>Net Amount</u>
Health Savings Account	\$791.64	\$0.00	\$791.64	0.00	\$791.64
	\$791.64	\$0.00	\$791.64	0.00	\$791.64
Plan Year: ALL					
Health Savings Account	\$791.64	\$0.00	\$791.64	0.00	\$791.64
	\$791.64	\$0.00	\$791.64	0.00	\$791.64

Other Report Samples


Election Report

This report shows employee elections for a given account. It also shows the scheduled payroll deduction amounts. The report also gives a summary of all elections for each account type in the plan.

Format: CSV and PDF

Report Body

This portion of the report shows election information for each employee in the plan.

							
EMPLOYER: <Company Name> PLAN YEAR: 01/01/07 DATE: 01/01/07-10/31/07			EMPLOYEE FSA ELECTIONS				
<u>MEMBER NUMBER</u>	<u>EMPLOYEE</u>	<u>PLAN</u>	<u>EFFECTIVE DATE</u>	<u>FIRST DED. DATE</u>	<u>DEDUCTION AMOUNT</u>	<u>EMPLOYER FUNDING</u>	<u>ANNUAL ELECTION</u>
XXX-XX-XXXX	LAST NAME, FIRST	Healthcare (FSA)	01/01/07	01/15/07	\$20.00	\$0.00	\$480.00
XXX-XX-XXXX	LAST NAME, FIRST	Healthcare (FSA)	01/01/07	01/15/07	\$35.00	\$0.00	\$840.00
XXX-XX-XXXX	LAST NAME, FIRST	Healthcare (FSA)	01/01/07	01/15/07	\$75.00	\$0.00	\$1800.00
XXX-XX-XXXX	LAST NAME, FIRST	Healthcare (FSA)	01/01/07	01/15/07	\$80.00	\$0.00	\$1920.00

Fields

Member Number	Employee	Plan	Effective Date	First Ded. Date	Deduction Amount	Employer Funding	Annual Election
Internal code for the employee or SSN	Participant last and first name	Account type	Date election begins	Date first deduction is scheduled to be taken	Amount of participant payroll deduction	Amount the employer adds, if any	Total annual election amount for the plan year

Report Summary

This section gives a summary of the election information for each account type.

PLAN YEAR 01/01/07 SUMMARY			
<u>PLAN</u>	<u>TOTAL PARTICIPANTS</u>	<u>TOTAL DEDUCTIONS</u>	<u>TOTAL ANNUAL ELECTIONS</u>
Healthcare (FSA)	4	\$4200.00	\$5040.00
PLAN YEAR TOTALS:	4	\$4200.00	\$5040.00

Fields

Plan	Total Participants	Total Deductions	Total Annual Elections
Account type	Number of participants in each plan type and the cumulative total in all plans	Total dollar amount of deductions for each plan type and cumulative total for all plans	Total dollar amount of annual elections for each plan type and cumulative total for all plans


Payroll Schedule Report

This report shows the payroll schedules by date for a specified plan year. This is based on the information that you provide.

Format: PDF

EMPLOYER: PayFlex Systems USA, Inc.
PLAN YEAR: [01/01/07-12/31/07]
DATE: July 24, 2007

PAYROLL REPORT



Schedule Type: Bw 26 Fr All Months											
Months of Year: All											

First Payroll Date		Holiday Rule		Saturday Rule		Sunday Rule		Exclude Standard Schedule Days		Include Non-Standard Schedule Days				
01/12/07		Prior business day		Same business day		Same business day		None		None				
Original	Adjusted	Original	Adjusted	Original	Adjusted	Original	Adjusted	Original	Adjusted	Original	Adjusted			
1)	01/12/07	01/12/07	7)	04/06/07	04/06/07	13)	06/29/07	06/29/07	19)	09/21/07	09/21/07	25)	12/14/07	12/14/07
2)	01/26/07	01/26/07	8)	04/20/07	04/20/07	14)	07/13/07	07/13/07	20)	10/05/07	10/05/07	26)	12/28/07	12/28/07
3)	02/09/07	02/09/07	9)	05/04/07	05/04/07	15)	07/27/07	07/27/07	21)	10/19/07	10/19/07			
4)	02/23/07	02/23/07	10)	05/18/07	05/18/07	16)	08/10/07	08/10/07	22)	11/02/07	11/02/07			
5)	03/09/07	03/09/07	11)	06/01/07	06/01/07	17)	08/24/07	08/24/07	23)	11/16/07	11/16/07			
6)	03/23/07	03/23/07	12)	06/15/07	06/15/07	18)	09/07/07	09/07/07	24)	11/30/07	11/30/07			

Fields

Fields	Description
Original	Original payroll date before adjustment
Adjusted	Payroll date following adjustments such as Holiday Rule

Combined Invoice Report

This is a monthly report. It shows administrative fees for employee in the plan as well as run out employees. You can have it separated by division if needed.

Format: PDF



10802 Farnam Drive #100
Omaha, NE 68154
(P) (800) 284-4885
(F) (402) 231-4310
www.mypayflex.com

TO: Company Name
Attn: Billing Contact
Address 1
Address 2
City, State Zip

Date: mm/dd/yy
Invoice No: xxxxxx-xxxxx

RE: Month yyyy Administrative Service Fees

Administration Fees:

Division Code - Division Description	(#participants @ \$Participant Rate)	\$00.00
Division Code - Division Description	(#participants @ \$Participant Rate)	\$00.00
Account Fee	#Total Participants @ \$Participant Rate	\$TOTAL DUE

Payment Terms: Net 10 Days

Please pay as invoiced. Any adjustments you wish to make must be supported by the appropriate documentation and adjustments will be reflected on a subsequent invoice.

PLEASE DETACH AND RETURN THE BELOW COUPON WITH PAYMENT

Remit to:	Client:	Client Name
PayFlex Systems USA, Inc.	Reference:	Month YYYY Administrative Service Fees
10802 Farnam Dr, Suite 100	Invoice No:	xxxxxx-xxxxx
Omaha, NE 68154	Total Due:	\$00.00



Total Paid: _____

Client Name
Participant Roster
Invoice : xxxxxx-xxxxx

Description	Status	SSN	Name	Months	Rate	Total
Division Code- Division Description						
--- Account Fee (DepCare, HcFSA)					\$0.00	
	PARTICIPATING	XXX-XX-XXXX	Last Name, First Name	1		\$0.00
Total for Division Code – Division Description						Total
Account Fee (DepCare- HcFSA)						
Add/Active Participants						1 \$0.00
Retroactive Participants						0 \$0.00
Runout Participants						0 \$0.00
Termed Participants						1 N/A
Totals						1 \$0.00